



PTO/SB/21 (09-04)

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 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/856,336
		Filing Date	August 20, 2001
		First Named Inventor	Neil Butt
		Art Unit	1636
		Examiner Name	M. Marvich
Total Number of Pages in This Submission		Attorney Docket Number	55913(71745)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (22 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Supplemental Declaration and Power of Attorney (4 pages); 1449 Form and cited references; & return receipt postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

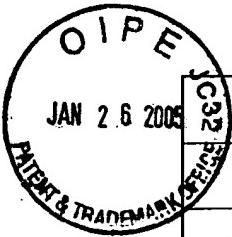
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS & ANGELL, LLP		
Signature			
Printed name	Kathryn A. Piffat, Ph.D.		
Date	January 26, 2005	Reg. No.	34,901

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 517 916 262 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 26, 2005

Signature: (Sharon Bizokas)



AMENDMENT TRANSMITTAL LETTER

Docket No.
55913(71745)

Application No.
09/856,336

Filing Date
August 20, 2001

Examiner
M. Marvich

Art Unit
1636

Applicant(s): Neil J. Butt et al.

Invention: NUCLEIC ACID ISOLATION

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	47	- 47 =		x	
Independent Claims	10	- 10 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,020.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,020.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 04-1105 in the amount of \$ 1,020.00. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Kathryn A. Piffat, Ph.D.
Kathryn A. Piffat, Ph.D.

Attorney Reg. No.: 34,901

Dated: January 26, 2005

EDWARDS & ANGELL, LLP
P.O. Box 55874
Boston, Massachusetts 02205
(617) 439-4444

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Dated: January 26, 2005

Signature: *Sharon Bizokas* (Sharon Bizokas)

JAN 26 2005

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1,200.00

Complete if Known

Application Number	09/856,336
Filing Date	August 20, 2001
First Named Inventor	Neil Butt
Examiner Name	M. Marvich
Art Unit	1636
Attorney Docket No.	55913(71745)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards & Angell, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
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50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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- 20 =	x	=		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
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- 3 =	x	=			
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 =	/50	(round up to a whole number) x	=	<u>Fees Paid (\$)</u>
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00
1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY				
Signature	Kathryn A. Piffat, Ph.D.	Registration No. (Attorney/Agent)	34,901	Telephone (617) 439-4444
Name (Print/Type)	Kathryn A. Piffat, Ph.D.		Date	January 26, 2005

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